



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 10/734,349 Confirmation No.: 3584
Applicant(s): Evans et al
Filed: December 13, 2003
Art Unit: 2875
Examiner:
Title: APPARATUS AND METHODS FOR PROVIDING AN
EMERGENCY LIGHTING AUGMENTATION SYSTEM

Docket No.: 045176/272183
Customer No.: 00826

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT
37 CFR § 1.115

Sir:

Please enter this Preliminary Amendment before calculating the claim fee and amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 3 of this paper.

SEP 20 2004

Attorney's Docket No. 045176/272183

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In re: Evans et al Confirmation No.: 3584
 Appl. No.: 10/734,349 Group Art Unit:
 Filed: December 13, 2003 Examiner:
 For: APPARATUS AND METHODS FOR PROVIDING AN EMERGENCY
 LIGHTING AUGMENTATION SYSTEM

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Transmitted herewith is an AMENDMENT in the above-identified patent application.

- ☒ Applicant claims small entity status. See 37 C.F.R. § 1.27.
☐ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
TOTAL	* 23	** 15	= 8	X 9=	\$ 72.00	X 18=	\$
INDEP	* 5	*** 3	= 2	X 43=	\$ 86.00	X 86=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+145=	\$	+290=	\$
				TOTAL ADD FEE \$ 158.00		OR TOTAL	\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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- ☐ Please charge my Deposit Account No. 16-0605 in the amount of \$.
- ☒ A check in the amount \$158 to cover the additional fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 17, 2004



Nancy McPartland

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